

10065374

| (Column 1) | (Column 2) |
|------------|------------|
| 1          | 2          |
| 3          | 4          |
| 5          | 6          |
| 7          | 8          |
| 9          | 10         |
| 11         | 12         |
| 13         | 14         |
| 15         | 16         |
| 17         | 18         |
| 19         | 20         |
| 21         | 22         |
| 23         | 24         |
| 25         | 26         |
| 27         | 28         |
| 29         | 30         |
| 31         | 32         |
| 33         | 34         |
| 35         | 36         |
| 37         | 38         |
| 39         | 40         |
| 41         | 42         |
| 43         | 44         |
| 45         | 46         |
| 47         | 48         |
| 49         | 50         |
| 51         | 52         |
| 53         | 54         |
| 55         | 56         |
| 57         | 58         |
| 59         | 60         |
| 61         | 62         |
| 63         | 64         |
| 65         | 66         |
| 67         | 68         |
| 69         | 70         |
| 71         | 72         |
| 73         | 74         |
| 75         | 76         |
| 77         | 78         |
| 79         | 80         |
| 81         | 82         |
| 83         | 84         |
| 85         | 86         |
| 87         | 88         |
| 89         | 90         |
| 91         | 92         |
| 93         | 94         |
| 95         | 96         |
| 97         | 98         |
| 99         | 100        |

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 34            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 34 minus 20 = | * 14         |
| INDEPENDENT CLAIMS  | 6 minus 3 =   | * 3          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
| 22         | 23         | 24         |
| 25         | 26         | 27         |
| 28         | 29         | 30         |
| 31         | 32         | 33         |
| 34         | 35         | 36         |
| 37         | 38         | 39         |
| 40         | 41         | 42         |
| 43         | 44         | 45         |
| 46         | 47         | 48         |
| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
| 82         | 83         | 84         |
| 85         | 86         | 87         |
| 88         | 89         | 90         |
| 91         | 92         | 93         |
| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
| 106        | 107        | 108        |
| 109        | 110        | 111        |
| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
| 139        | 140        | 141        |
| 142        | 143        | 144        |
| 145        | 146        | 147        |
| 148        | 149        | 150        |
| 151        | 152        | 153        |
| 154        | 155        | 156        |
| 157        | 158        | 159        |
| 160        | 161        | 162        |
| 163        | 164        | 165        |
| 166        | 167        | 168        |
| 169        | 170        | 171        |
| 172        | 173        | 174        |
| 175        | 176        | 177        |
| 178        | 179        | 180        |
| 181        | 182        | 183        |
| 184        | 185        | 186        |
| 187        | 188        | 189        |
| 190        | 191        | 192        |
| 193        | 194        | 195        |
| 196        | 197        | 198        |
| 199        | 200        | 201        |
| 202        | 203        | 204        |
| 205        | 206        | 207        |
| 208        | 209        | 210        |
| 211        | 212        | 213        |
| 214        | 215        | 216        |
| 217        | 218        | 219        |
| 220        | 221        | 222        |
| 223        | 224        | 225        |
| 226        | 227        | 228        |
| 229        | 230        | 231        |
| 232        | 233        | 234        |
| 235        | 236        | 237        |
| 238        | 239        | 240        |
| 241        | 242        | 243        |
| 244        | 245        | 246        |
| 247        | 248        | 249        |
| 250        | 251        | 252        |
| 253        | 254        | 255        |
| 256        | 257        | 258        |
| 259        | 260        | 261        |
| 262        | 263        | 264        |
| 265        | 266        | 267        |
| 268        | 269        | 270        |
| 271        | 272        | 273        |
| 274        | 275        | 276        |
| 277        | 278        | 279        |
| 280        | 281        | 282        |
| 283        | 284        | 285        |
| 286        | 287        | 288        |
| 289        | 290        | 291        |
| 292        | 293        | 294        |
| 295        | 296        | 297        |
| 298        | 299        | 300        |
| 301        | 302        | 303        |
| 304        | 305        | 306        |
| 307        | 308        | 309        |
| 310        | 311        | 312        |
| 313        | 314        | 315        |
| 316        | 317        | 318        |
| 319        | 320        | 321        |
| 322        | 323        | 324        |
| 325        | 326        | 327        |
| 328        | 329        | 330        |
| 331        | 332        | 333        |
| 334        | 335        | 336        |
| 337        | 338        | 339        |
| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|------|---|------------------|
|   | Total                                     | * 23 | Minus                                       | ** 34 = 1        |
|   | Independent                               | * 13 | Minus                                       | *** 6 = 7        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |      |   |                  |

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    | 258.   |
| X84=      | 258.   |
| +280=     |        |
| TOTAL     | 1244   |

**OR SMALL ENTITY**

|                     |                |
|---------------------|----------------|
| RATE                | ADDITIONAL FEE |
| X\$ 9=              |                |
| X42=                | /              |
| + 140=              | /              |
| TOTAL<br>ADDIT. FEE |                |

|                     |                   |
|---------------------|-------------------|
| RATE                | ADDITIONAL<br>FEE |
| X\$18=              |                   |
| X84=                | <i>Cost</i>       |
| +280=               |                   |
| TOTAL<br>ADDIT. FEE | <i>602</i>        |

## **AMENDMENT B**

| AMENDMENT B                                    | (Column 1)                                |       | (Column 2)                                  |   | (Column 3)               |
|--|---|-------|---|---|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA         |
| Total  | * 21                                      | Minus | ** 34                                       | = | 1                        |
| Independent                                    | * 13                                      | Minus | *** 13                                      | = |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |   | <input type="checkbox"/> |

| RATE                | ADDITIONAL FEE |
|---------------------|----------------|
| X\$ 9=              | 1              |
| X42=                |                |
| +140=               |                |
| TOTAL<br>ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| XS18=      |                |
| X84=       |                |
| +280=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

## **AMENDMENT C**

| AMENDMENT C                                    | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|--|---|-------|---|--------------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total  | *   | Minus | **  | =                        |
| Independent                                    | *   | Minus | ***   | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |

| RATE                    | ADDITIONAL FEE |
|-------------------------|----------------|
| X\$ 9=                  |                |
| X42=                    |                |
| +140=                   |                |
| TOTAL<br>ADDITIONAL FEE |                |

| RATE                | ADDITIONAL FEE |
|---------------------|----------------|
| X\$18=              |                |
| X84=                |                |
| +280=               |                |
| TOTAL<br>ADDIT. FEE |                |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.